

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
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9						
10						
11						
12						
13						
14						
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18						
19	1					
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36						
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39						
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41						
42	1					
43						
44						
45	1					
46						
47						
48						
49						
50		2				
TOTAL IND.	1		1		1	
TOTAL DEP.	2		2		2	
TOTAL CLAIMS	3		3		3	

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
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95						
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97						
98						
99						
100						
TOTAL IND.	4		4		4	
TOTAL DEP.	55		55		55	
TOTAL CLAIMS	59		59		59	